BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		CLAIMS AS	S FILED - (Column		•			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS				2.2		R/	ATE	FEE	1	RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA		C FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			$26_{\rm mir}$	26 minus 20=		. 6		S 9=		OR	6X\$18=	108.	
	DEPENDENT CL			inus 3 =	*	· /		10=	<del> </del>	OR	1 200	(00.	
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					 35=		1		80	
* If the difference in column 1 is less than zero, en					r "0" in	column 2	<u> </u>	ან≡ TAL		OR OR		CAIC	
	С	LAIMS AS A	AMENDEL	) - PAF	≀T II		, .	IAL		Un	OTHER	THAN	
<del></del>		(Column 1)	Tec	(Colu	ımn 2)			SMALL ENTITY		OR	SMALL		
AMENDMENT A	19 4	REMAINING AFTER AMENDMENT	† : <b>#</b>	NUM PREVI	HEST MBER IOUSLY ) FOR	PRESENT EXTRA	RA	ATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent	* ENTATION OF MU	Minus	*** DENIDENI	T OL AIA	=	X4	l0=		OR	X80=		
	PINOTTILOE	NIAHON OF WA	JUIPLE DE	LENDEN	I CLAIIVI		+10	35=		OR	+270=		
							ADDIT	OTAL I. FEE			TOTAL ADDIT. FEE		
		(Column 1)			ımn 2)	(Column 3)	•			•	7,0011.122		
AMENDMENT B	1:45 14	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY ) FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=		
AME	Independent FIRST PRESE	* ENTATION OF MU	Minus	***	TOLAIM	=	X4	0=		OR	X80=		
	THO THESE	NIATION OF MIC	JETIPLE OLI	ENUCINI	CLAIIVI	<u></u>	+13	35=		OR	+270=		
							T ADDIT	OTAL FEE		OD !	TOTAL ADDIT. FEE		
	T-	(Column 1)		(Colur		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			AUDI (. )		
AMENDMENT C	· ·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDI	Total	<del> </del>	Minus	**		=	X\$	9=	1	OR	X\$18=	-	
AME	Independent FIRST PRESE	* ENTATION OF MU	Minus	*** PENDENT	T CL AIM	=	X40	0=		OR	X80=		
	TINOT TRESE.	NIAHON OF WA	JULIPUC DEI	ENDER	CLAIIVI		+13	5=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											TOTAL		
***	'If the "Highest Nur	mber Previously Pa nber Previously Paid	aid For" IN THIS	S SPACE I	is less tha	an 3. enter "3."	הוטטוו.	_	propriate box	,	ADDIT. FEE <b>l</b> lumn 1.		